

Registration # _____

Faith Baptist Church Vacation Bible School Registration Form

**Faith Baptist Church of North Chili
2954 S. Union St. Rochester, NY 14624 * 585 594-2244**

Name of Child _____ Age _____

Medical Information (To be used only in case of emergency) _____ Last grade completed _____

Current Medications _____ Allergies _____

Limitations or Conditions (asthma, speech issues, ADHD, etc.) _____

Home Address _____

City _____ State _____ Zip _____

Name of Parents/Guardian/Caregiver and relation to child _____ Phone _____

Additional Emergency Contacts (Please provide more than one):

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Please list any persons (other than above) approved to pick up your child: _____

I, the undersigned parent or guardian, hereby consent to my child's participation in the Faith Baptist Church of North Chili's Vacation Bible School program. If my child(ren) has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them above. In the event an emergency occurs, I may be reached at the number(s) listed above. If there are any limitations (activities I do not want my child to be involved in), I have listed them above.

I do hereby agree to hold Faith Baptist Church of North Chili and its agents and employees, harmless for any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the activity or participation in any other associated activities. If I cannot be reached in the event of an emergency, I hereby authorize the adult leader of the activity, an agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; and hospital care advised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of this state where the services are rendered; either at a doctor's office or hospital. I expect to be notified as soon as possible.

Parent or Guardian Signature